

### Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

- 1 BOL (WestRock)
- 2 MV (Police Report)
- 3 Work Act Stat. Rep.
- 4 PMA Co. Financial Rep.
- 5 Pat. Med. List
- 6 Thomas Seff 10/10/24  
Clinical Activity

Attachments included  
inside

2024 OCT 29 AM 8:12  
USDC-EDPA REC'D CLERK



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Kevin Rice

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

WestRock CP LLC  
240101339

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Kevin Rice  
315 S. 18 Broad St.  
Philadelphia, PA 19107



- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

WestRock CP LLC

Street Address

6400 POPLAR AVE.

County, City

State &amp; Zip Code

Memphis, TN 38119-4844

Defendant No. 2

Name

Street Address

County, City

State &amp; Zip Code

Defendant No. 3

Name

Street Address

County, City

State &amp; Zip Code

Defendant No. 4

Name

Street Address

County, City

State &amp; Zip Code

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☒ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?



C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Pennsylvania

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Cincinnati, Ohio

on the freeway mountain top interstate 70, best knowledge

B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

January 13, 2022 early morning, the sun just rose up around 6:30 - 7 am to my knowledge.

C. Facts:

I was operating an loaded 18 wheeler dry van tractor trailer and out of no where I got a burst of energy drifting me towards the guard rails after previously switching lanes doing the speed limit which is all recorded information. I felt the truck flip, I thought I was dead. The Lord awoke me one week later a survivor and devote Christian man.

My trailer was loaded incorrectly, causing a high center of gravity causing the accident whenever the load shifted back there out of my pay-grade. They had females in pink hard hats driving Fork-Lifts during Covid-19 season. I was not able to check the load, just the correct weight to operate on the road.

It was a paper mill company located in North Carolina who has a contract with Western Express my employer, whom pays workman's compensation. The Paper Mill who is responsible for correctly loading my trailer to operate safely.

A passer-by perdistrain whom notified authorities and disappeared to my knowledge, May God Bless them daily.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?



**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Eyeball ejection from socket, eye lid completely removed from accident, recent skin graft to create new eye lid. Cracked skull and fracture to left side of head. Massive face scar tissue. Back and left arm damage. Able to receive SS, waiting on settlements. Mental damage to my ~~my~~ mental state, I regularly see a therapist also for my body twice a week. Constant headaches/PTSD and night mares. I lose visual focus at night or bright days.

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Bring my case in front of Westrock CP LLC in a jury trial. My attorney first stated the case is worth millions, I don't want that much, just one because I can't work or operate with an CDL again because of over 8 hours unconsciousness. 1,000,000.00 is suitable to live invested well.

It was not my fault, I did not load the truck, nor was able to check for it's correctness, which is not in my job description, because the trailers are pre-loaded before I get there, but at this location I wanted to be loaded. Seeing my color may have changed their work ethics and got laxed when safety was the main issue to loading my trailer to be immediately driven.



I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of October, 2024.

Signature of Plaintiff

Ken Rhi

Mailing Address

315 S. Broad St  
Philadelphia, PA 19107

Telephone Number

856 214 1546

Fax Number (if you have one)

E-mail Address

Arizen1000@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_



STRAIGHT BILL OF LADING--SHORT FORM--Original--Not Negotiable

Received, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.

From: West Point Mill

INTERNATIONAL PAPER

IP

CONTAINERBOARD OPERATIONS 9-74

6400 POPLAR AVE.

MEMPHIS

TN

38119-4844

WestRock CP, LLC

Manifest #: 545750

Manifest Date: Jan 12 2022 10:21PM

SHIP TO  
INTERNATIONAL PAPER  
IP L8  
380 SHORLAND DR  
WALTON  
US

KY  
41094-9328

The property described below, in apparent, good order except as noted (contents and condition of contents of packages unknown), marked, configured, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to the usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) Official, Standard, and published by the National Motor Freight Traffic Association, Inc. (2) as amended from time to time, and (3) as supplemented by the motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Unit of Meas: English Carrier: Western Express INC

Vehicle ID#: V08168

Vehicle Type: truck

FOB: FOB-MILL

Seal #: 2723633

Purchase Order #	Order #	Item#	Product	Caliper	Unit #	# Rolls	Width	Diameter	MSF	Lineal Feet	Gross	Tare	Net
0015757528	944420	1	WT31	8.00	WRE22A1012242	1	83	54	180.006	26.025	5.593	0	5.593
0015757528	944420	1	WT31	8.00	WRE22A1013142	1	83	54	182.185	26.340	5.675	0	5.675
0015757528	944420	1	WT31	8.00	WRE22A1013242	1	83	54	166.000	24.000	5.139	0	5.139
0015757528	944420	1	WT31	8.00	WRE22A1014142	1	83	54	179.903	26.010	5.650	0	5.650
0015757528	944420	1	WT31	8.00	WRE22A1014242	1	83	54	176.548	25.525	5.470	0	5.470
0015757528	944420	1	WT31	8.00	WRE22A1015133	1	83	54	178.796	25.850	5.549	0	5.549
0015757528	944420	1	WT31	8.00	WRE22A1015167	1	83	54	178.796	25.850	5.545	0	5.545
Subtotals for item #1						# of item units: 7							
						# Rolls : 7							
						1,242.233							
						179,500							
						38,621							
Subtotals for order #: 944420						# of order units: 7							
						# Rolls : 7							
						1,242.233							
						19,600							
						38,621							
						38,621							



## MOTORIST / NON-MOTORIST

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
1	RICE, KEVIN	05/01/1977	44	M					
ADDRESS: STREET, CITY, STATE, ZIP 2409 N CLARION ST, PHILADELPHIA, PA, 19132		CONTACT PHONE - INCLUDE AREA CODE 267-978-3296							
INJURIES	INJURED TAKEN BY 2	EMS AGENCY (NAME) MEDIC 19	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE PA	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS			
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN			
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC	2 - TEST REFUSED			
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TALKING ON HAND-HELD COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN			
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - PASSENGER				
	8 - THIRD - MIDDLE	EJECTION		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION INSIDE THE VEHICLE				
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER DISTRACTION OUTSIDE THE VEHICLE				
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN				
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT					
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER	CONDITION	ALCOHOL TEST TYPE			
	13 - TRAILING UNIT	TRAPPED	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1 - APPARENTLY NORMAL	1 - NONE			
	14 - RIDING ON VEHICLE EXTERIOR	1 - NOT TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	2 - PHYSICAL IMPAIRMENT	2 - BLOOD			
	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE			
	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	4 - ILLNESS	4 - BREATH			
			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER			
			X - TANKER / HAZMAT	18 - OTHER	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST TYPE			
					7 - OTHER / UNKNOWN	1 - NONE			
						2 - BLOOD			
						3 - URINE			
						4 - OTHER			
						DRUG TEST RESULT(S)			
						1 - AMPHETAMINES			
						2 - BARBITURATES			
						3 - BENZODIAZEPINES			
						4 - CANNABINOIDS			
						5 - COCAINE			
						6 - OPIATES / OPIOIDS			
						7 - OTHER			
						8 - NEGATIVE RESULTS			

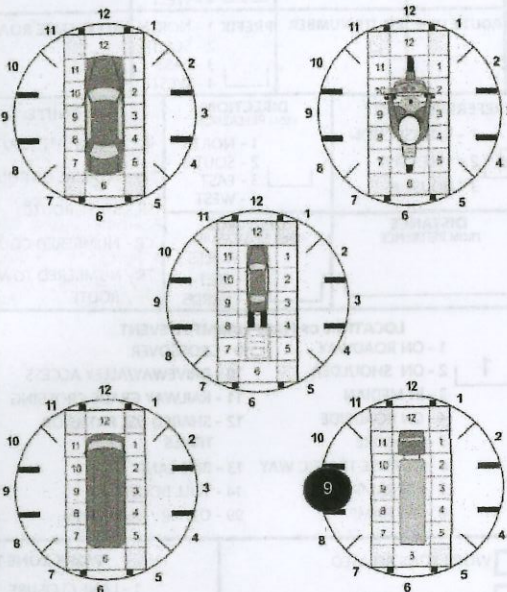
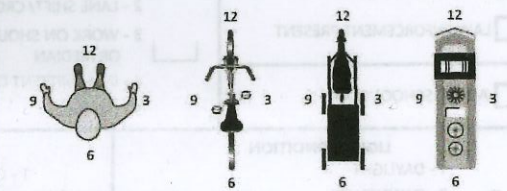


## OCCUPANT / WITNESS ADDENDUM

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<b>INJURIES</b>		<b>SAFETY EQUIPMENT USED</b>		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
<b>INJURED TAKEN BY</b>		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		8 - THIRD - MIDDLE		<b>EJECTION</b>			
2 - EMS		8 - HELMET USED		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED			
<b>GENDER</b>		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		13 - TRAILING UNIT		<b>TRAPPED</b>			
M - MALE				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS			
				99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS			
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							



UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) EXPRESS, WESTERN	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 800-316-7160
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 7135 CENTENNIAL PL, NASHVILLE, TN, 37209		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP WESTERN EXPRESS, 7135 CENTENNIAL PL, NASHVILLE, TN, 3		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 800-316-7160		
LP STATE TN	LICENSE PLATE # J5526HY	VEHICLE IDENTIFICATION # 3HSDZAPR5KN310857
VEHICLE YEAR 2019	VEHICLE MAKE INTERNATIONAL	VEHICLE MODEL OTHER/UNKNOWN
INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY	INSURANCE POLICY #
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # 511412	TOWED BY: COMPANY NAME MILLENNIUM
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL CLASS # PLACARD ID #
UNIT TYPE 15	VEHICLE WEIGHT GVWR/GCWR 3	HAZARDOUS MATERIAL CLASS # PLACARD ID #
# OF TRAILING UNITS 1		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
AUTONOMOUS MODE LEVEL 1		
SPECIAL FUNCTION 1		
CARGO BODY TYPE 1		
VEHICLE DEFECTS 1		
NON-MOTORIST LOCATION 1		
ACTION 3		
CONTRIBUTING CIRCUMSTANCES 9		
SEQUENCE OF EVENTS 1		
COLLISION WITH FIXED OBJECT - STRUCK 1		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

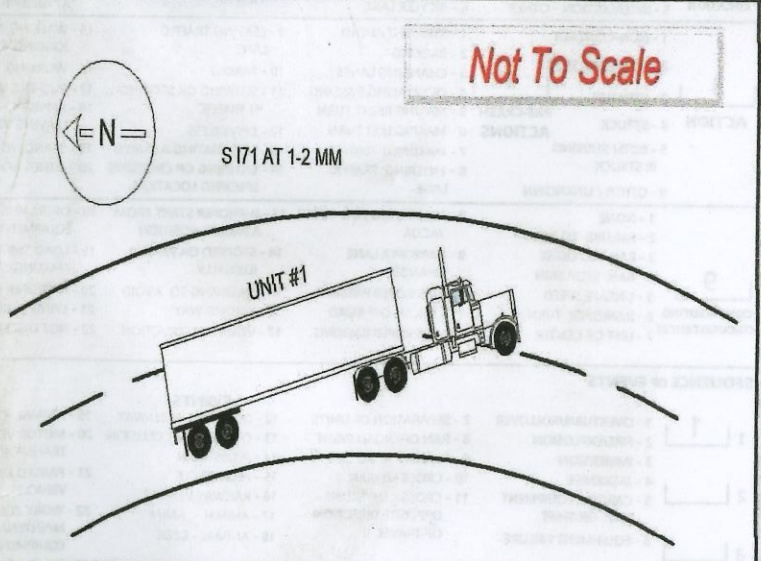
225000549	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN 9	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 1	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 50	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		225000549		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
		<input type="checkbox"/> PRIVATE PROPERTY		Cincinnati Police Dept		NCIC * CIP00		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY		
31	1	CINCINNATI		01/13/2022 19:35		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
IR	71	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			39.099811			
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1.2	MP	-84.503906			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROADWAY						
	1 - MILES 2 - FEET 3 - YARDS	<input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
		1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
LIGHT CONDITION		WEATHER						
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN						

NARRATIVE

UNIT #1 TRAVELING SB ON S I71 FAILED TO MAINTAIN CONTROL OF HIS VEHICLE AND OVERTURNED THE VEHICLE ON ITS SIDE AT THE 1-22 MM.



CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
01/13/2022 19:41		01/13/2022 19:42		01/13/2022 19:50		01/13/2022 22:00		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*					
		138	SHAW, ANDRE L.	REYNOLDS, MICHAEL G.					
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*					
			P0587	S0051	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				



CMC-Stemmons

2920 N. Stemmons Fwy, Dallas, TX 75247

Phone: +12146302331

Fax: 214-905-1323

Service Date: 09/26/2023

Case Date: 01/13/2023

Claim Number:

## Work Activity Status Report

Patient: Kevin Rice

Last 4 Digits of SSN: XXX-XX-4796

Date of Birth: 05/01/1977

Address: 203 South 12th St PHOENIX AZ 85007

Employer Location: Western Express-7135

Contact: Judy Larson

Home: +16232364935

Address: 7135 Centennial PI Nashville, TN 37209-1033

Role: Primary Contact

Phone: +16158465885

Work:

Authorized by:

Fax: 515-573-5260

### THIS VISIT

Visit Type: Medical Initial

Time In: 12:06:00 PM

Time Out: 02:25:48 PM

Treating Clinician: Kathryn Winick, M.D.

### Diagnoses:

Severe head trauma (S09.90XA)

Concussion with loss of consciousness (S06.0X9A)

Facial trauma (S09.93XA)

Trauma to left eye (S05.92XA)

S/P eye surgery (Z98.890)

### Medications:

☐ Dispensed prescription medication

☐ Dispensed over-the-counter medication

☐ Medication(s) prescribed

☐ Over-the-counter medications at Non-Prescription strength were recommended

### PATIENT STATUS

**Employer Notice:** The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

### Treatment Status:

Returning for evaluation by the treating doctor 1 week

### Work Status:

Will allow the employee to RETURN TO WORK - WITH THE RESTRICTIONS identified below as of: 09/26/2023

Patient may work their entire shift

### Activity Prescription:

Key: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per day

Restrictions specific to: head

Cannot drive CMV - disqualified

Based on the Department of Labor definitions

### NEXT VISIT(S)

Visit Date and Time:

Visit Type:

Clinician:

**Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

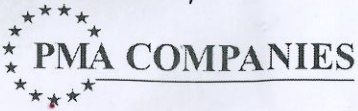
10/03/2023 09:00 AM

Medical Therapy Specialist

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kathryn A Winick, MD





IF YOU HAVE ANY QUESTIONS PLEASE CALL:  
PMA CALL CENTER  
(888) 476-2669

KEVIN C RICE  
907 HAMILTON STREET  
PHILADELPHIA PA 19107

ADVICE NO.: 800547075Z  
ADVICE DATE: 08/21/24  
ADVICE AMT: \$864.00  
PAY PERIOD: 08/10/24-08/23/24  
PD TO DATE: \$73,563.08  
RATE.....: \$540.00  
VOUCHER NO: C109136111  
BILL NO....:

ACCIDENT DT: 01/13/22  
PAYMNT TYPE: WORKERS' COMPENSATION  
INSURED.....: WESTERN EXPRESS, INC  
CLAIM NO....: W003612503  
POLICY NO.: 2021759283714  
INVOICE NO.:  
INVOICE DT.:  
INVOICE AMT:  
IRS NUMBER.:  
PATIENT ID.:  
INJURED.....: KEVIN RICE

Page 1 of 1

FROM	-	THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
------	---	------	--------------	-------------	-----	------------	-------------	--------

#### EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT .....1080.00  
REDISTRIBUTION - CLAIMANT ATTORNEY FEE .....216.00-

NET AMOUNT 864.00

Memo: CLAIM W003612503

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."



ADVICE NUMBER	DATE	ADVICE
800547075Z	08/21/24	*****864.00

WELLS FARGO BANK N.A.

**ADVICE** Eight Hundred And Sixty Four And 00/100 US Dollars

TO  
THE  
ORDER  
OF  
KEVIN C RICE  
907 HAMILTON STREET  
PHILADELPHIA PA 19107

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

**\*\*VOID\*\*NON-NEGOTIABLE\*\*VOID\*\***





KEVIN C RICE  
907 HAMILTON STREET  
PHILADELPHIA PA 19107

ADVISE	DATE	ADVISE NUMBER
10/29/24	10/29/24	10/29/24

THIS IS NOT A CHECK

NON-NEGOTIABLE

VOID NON-NEGOTIABLE

TO THE ORDER OF  
KEVIN C RICE  
907 HAMILTON STREET  
PHILADELPHIA PA 19107

ADVISE Eight Hundred and Sixty Four and 00/100 US DOLLARS

ATMA COMPANY

380 South 17th Street  
Blue Bell PA 19001



## Changes to Your Medication List

ASK your doctor about these medications

 ASK	<b>bacitracin-polymyxin B</b> ophthalmic ointment Commonly known as: POLYSPORIN	Apply to left eye every 6 (six) hours.
 ASK	<b>diphenhydrAMINE</b> 25 mg capsule Commonly known as: BENADRYL	Take 1 capsule (25 mg total) by mouth every 6 (six) hours as needed (migraine cocktail).
 ASK	<b>DULoxetine</b> 20 mg capsule Commonly known as: CYMBALTA	Take 2 capsules (40 mg total) by mouth daily for 28 days.
 ASK	<b>hydroCHLOROthiazide</b> 25 mg tablet	Take 1 tablet (25 mg total) by mouth daily.
 ASK	<b>ibuprofen</b> 600 mg tablet Commonly known as: ADVIL	Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for headaches.
 ASK	<b>metoclopramide</b> 10 mg tablet Commonly known as: REGLAN	Take 1 tablet (10 mg total) by mouth every 6 (six) hours as needed (migraine cocktail).
 ASK	<b>naloxone</b> 4 mg/actuation spray, non-aerosol nasal spray Commonly known as: NARCAN	Administer into affected nostril(s).
 ASK	<b>oxyCODONE</b> 5 mg capsule Commonly known as: OXY-IR	Take 5 mg by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-6/10).
 ASK	<b>oxyCODONE-acetaminophen</b> 5-325 mg per tablet Commonly known as: PERCOCET	Take 1 tablet by mouth every 6 (six) hours as needed for severe pain (pain scale 7-10/10) for up to 5 days.
 ASK	<b>SUMATriptan</b> 50 mg tablet Commonly known as: Imitrex	Take 1 tablet (50 mg total) by mouth once as needed for migraine. May repeat dose once in 2 hours if no relief. Do not exceed 2 doses in 24 hours.
 ASK	<b>traZODone</b> 50 mg tablet Commonly known as: DESYREL	Take 1 tablet (50 mg total) by mouth nightly for 14 days.



#6

Thomas Jefferson University Hospitals - Department of Radiology  
132 S. 10th Street  
Philadelphia, PA 19107  
Phone: 215-955-6226  
Fax: 215-923-5791  
Center City Division/Jefferson Outpatient Imaging

10/10/2024

Kevin Rice  
315 SOUTH BROAD STREET UNIT 0501

PHILADELPHIA, PA, 19107

Dear Kevin Rice,

Pennsylvania law, The Patient Test Result Information Act, now requires Jefferson Health to notify patients that a finding on an imaging test requires further follow-up.

According to our records, you received the following diagnostic imaging services on 10/10/2024 as ordered by Dr. SRUTI TEKUMALLA.

**CT CHEST ABDOMEN PELVIS W CONTRAST**

The results of these services were forwarded to your ordering health care practitioner on 10/10/2024 1:22:00 PM.

The results of these services were forwarded to your ordering health care practitioner on 10/10/2024 1:22:00 PM.

You are receiving this notice as a result of a determination by your diagnostic imaging service that further discussions of your test results are warranted and would be beneficial to you. The complete results of your test have been or will be sent to the health care practitioner that ordered the test or tests. It is recommended that you contact your health care practitioner to discuss your results as soon as possible.

**Please note: You may have already discussed these test results with your physician.**

Your continued health care is important. To obtain a full report of the results of your diagnostic imaging examination please contact 215-955-7230 or your report is also available for viewing in MyChart.

If you do not currently have a primary physician and would like to schedule an appointment with one please call 1-800-JEFF-NOW.

Sincerely,

Thomas Jefferson University Hospitals - Department of Radiology



## **WEINERMAN PAIN & WELLNESS**

Physical Therapy • Pain Management • Chiropractic Care

### **Brent Weinerman, D.O.**

Board Certified in Osteopathic General Practice  
Fellow to the American Academy of Disability Evaluating Physicians  
Chairman Medical Director of the City of Philadelphia Board of Pensions & Retirement

ONE PENN CENTER  
1617 John F. Kennedy Blvd  
Suite 1100  
Philadelphia, PA 19103

Hours: Mon-Thu 8AM-6PM  
Friday 9AM-5PM  
work: 215-988-9503  
Fax: 215-988-9533